

Site Accreditation Report – Community Counseling Services

Completed: July 24-25, 2018

Levels of Care Reviewed:

Substance Use Disorder (SUD) Services

Outpatient Services

Mental Health (MH) Services

Outpatient Services

Child and Youth or Family Services (CYF)

Comprehensive Assistance with Recovery and Empowerment Services (CARE)

Individualized Mobile Programs of Assertive Community Treatment (IMPACT)

Review Process: Community Counseling Services (CCS) was reviewed by Division of Behavioral Health staff for adherence to the Administrative Rules of South Dakota (ARSD) and Contract Attachments. The following information was derived from the on-site accreditation survey of your agency. This report includes strengths, recommendations, and citations for Plans of Corrections and results from reviewing policies and procedures, personnel and case file records, and conducting interviews with clients, administration, and agency staff.

Administrative Review Score: 100.0%

Combined Client Chart Review Score: 93.1%

Cumulative Score: 93.5%

ADMINISTRATIVE REVIEW SUMMARY

Strengths:

The agency provides a wide variety of mental health and substance use disorder treatment services. The agency has a strong leadership team which is evident through their commitment to quality assurance. Supervision provided to the staff is done in a manner that models this commitment to quality assurance as staff report an open door policy. Staff provided positive feedback regarding their leadership team's insight into the staff strengths and utilizing those strengths for client needs. The leadership team also attends meetings to help provide feedback regarding clients. Staff report feeling supported by the leadership team as they encourage the staff to attend trainings as well as provide in house trainings for the staff. Passion to help the clients served at Community Counseling Services was evident from the leadership team down to all the staff.

Recommendations: None

Plan of Correction: None

CLIENT CHART REVIEW SUMMARY

Strengths:

The clients interviewed shared positive feedback regarding the services they received by the agency. The agency also provides housing for clients through apartments which were spacious and allowed for staff support in the same building. Staff reports a strong team approach and flexibility when working with the clients. The agency created a shift manager position for their IMPACT program to help problem solve daily issues that arise and staff report positive feedback about this position. The agency's IMPACT treatment plans are a working document that is continuously updated monthly. IMPACT staff is going above and beyond their required sixteen client contacts per month. It was noted that the registered nurse also signed off on the CARE treatment plan which shows a team commitment to quality services. The mental health progress notes were easy to follow, individualized, and give great detail on what is going on with the client. The agency also documents missed appointment notes which are detailed about why the appointment was missed. SUD progress notes for groups were consistently completed on time. Both mental health and SUD assessments were detailed, organized, and included all required information.

Recommendations:

1. According to ARSD 67:62:08:09, clinical supervisors shall conduct one treatment plan review at least annually. In review of mental health outpatient, CYF, CARE, and IMPACT charts; two out of the 20 charts were either missing a supervisory review or did not have this completed annually. Ensure that treatment plan reviews are completed annually by clinical supervisors on mental health charts.
2. According to ARSD 67:61:07:05, SUD assessments shall contain the following:
 - Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization
 - Educational history and needs
 - Legal issues;
 - Living environment or housing;
 - Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal;
 - Past or current indications of trauma or domestic violence or both if applicable;
 - Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present;

Two of the nine SUD charts reviewed for assessments were missing strengths of the client. The agency should ensure all required above elements are addressed when assessments are completed even when one or more topic is not applicable to a particular client, so it is clear that all elements were assessed.

3. According to ARSD 67:61:07:08 the progress notes for each billable service needs to contain:
 - Information identifying the client receiving services, including name and unique identification number;

- The date, location, time met, units of service of the counseling session, and the duration of the session;
- The service activity code or title describing the service code or both;
- A brief assessment of the client's functioning;
- A description of what occurred during the session, including the specific action taken or plan developed to address unresolved issues to achieve identified treatment goals or objectives;
- A brief description of what the client and provider plan to work on during the next session, including work that may occur between sessions, if applicable; and
- The signature and credentials of the staff providing the service.

The agency's SUD group progress notes were missing a plan for the next session. The agency shall ensure all required elements are completed for all progress notes to be in compliance with the rule.

4. According to ARSD 67:62:08:11, transition planning shall be provided to clients moving to a different service, leaving services, or for youth nearing adulthood. Goals related to transition planning shall be included in the clinical documentation either as part of the treatment plan or as a separate transition plan. In review of the mental health outpatient, CYF, CARE, and IMPACT charts: one out of two charts did not contain a transition plan. The agency shall ensure they are completing transition plans for clients to be in full compliance of the rule.

The following areas will require a plan of correction to address each rule of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of these rules.

Plan of Correction:

1. According to ARSD 67:62:08:05 integrated assessments shall be completed within thirty days of intake. In review of the mental health charts: outpatient, CYF, CARE, and IMPACT charts there were five out of 19 assessments that were not completed within 30 days of intake. The agency needs to ensure the assessments are completed within 30 days of intake.
2. According to ARSD 67:62:08:07 and ARSD 67:61:07:06, mental health and SUD treatment plans shall be completed within 30 days of intake. In review of the mental health charts: outpatient, CYF, CARE, and IMPACT charts there were five out of 20 treatment plans that were not completed within the required timeframe. In review of the SUD outpatient charts there were two out of eight treatment plans that were not completed within the required timeframe. The agency needs to ensure that all treatment plans are completed within 30 days of intake.
3. According to ARSD 67:62:08:08, treatment plans shall be reviewed in at least 6 month intervals and updated as needed. Mental health outpatient, CYF and CARE charts were reviewed and nine out of 17 charts did not have the treatment plans reviews completed on time. The accurate timeframes needs to be addressed to be in full compliance with the rule.
4. According to ARSD 67:62:08:14 and ARSD 67:61:07:10; transfer or discharge summaries must be completed upon termination or discontinuation of services within five working days. In review of the SUD and mental health charts six out of 12 SUD charts and 1 out of 2 IMPACT

charts did not have a discharge summary completed within the appropriate timeframes. Ensure discharge or transfer summaries are completed within five working days to be in compliance with this rule.

5. According to ARSD 67:61:07:12 Tuberculin screening requirements, a designated staff member shall conduct tuberculin screening for the absence or presence of symptoms with each client newly admitted to outpatient treatment within 24 hours of admission to determine if the client has had any of the following symptoms within the previous three months:
 - Productive cough for a two to three week duration;
 - Unexplained night sweats;
 - Unexplained fevers; or
 - Unexplained weight loss.

In review of the agency's SUD outpatient charts five out of the 12 charts did not have the TB screen completed within 24 hours of admission. The agency will ensure this is completed within 24 hours in order to be in compliance with the rule.

6. According to ARSD 67:61:07:07, the program shall document for each client the progress and reasons for retaining the client at the present level of care; and an individualized plan of action to address the reasons for retaining the individual in the present level of care. This document is maintained in the client case record. In review of the SUD outpatient charts, nine out of 23 charts did not have a continued service review completed on time. The agency shall ensure the continued service reviews are completed on time to be in full compliance with the rule.